

MAR 04 2008

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FROM: Lindsay Seydel

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| Number of pages with cover page: | 3 | <i>Originals Will Not Follow</i> |
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Preparer of this slip has confirmed that facsimile number given is correct: 11641/LDS

Comments:

Atty Docket No: 18812-20018.00
 Application Serial No.: 10/713,751
 Filed: November 13, 2003
 Patent No: 7,024,652
 Issued: April 4, 2006
 Inventors: Bruce W. MCGAUGHY *et al.*
 Art Unit: 2825
 Examiner: T. Do

Title: SYSTEM AND METHOD FOR ADAPTIVE PARTITIONING OF CIRCUIT
 COMPONENTS DURING SIMULATION
Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of

Correspondence Address – 1 page

#3

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PTO/SB/21 (11-07)

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| | | | |
|--|---|------------------------|-----------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number | Patent#: 7,024,852 |
| | | Filing Date | Issued: April 4, 2006 |
| | | First Named Inventor | Bruce W. MCGAUGHY |
| | | Art Unit | 2825 |
| | | Examiner Name | T. Do |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 188122001800 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page |
| <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Remarks </div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature |  | | |
| Printed name | Norman R. Klivans | | |
| Date | February 13, 2008 | Reg. No. | 33,003 |

| | |
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| I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140 | |
| Dated: February 13, 2008 | Signature:  (Linda J. Sargent) |

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PTO/SB/83 (01-06)

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| | | |
|--|------------------------|-------------------|
| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/713,751 |
| | Filing Date | November 13, 2003 |
| | First Named Inventor | Bruce W. MCGAUGHY |
| | Art Unit | 2825 |
| | Examiner Name | T. Do |
| | Attorney Docket Number | 188122001800 |

To: Commissioner for Patents
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 Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

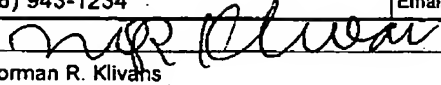
Client requested transfer

CORRESPONDENCE ADDRESS

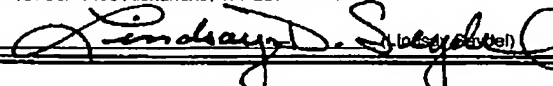
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2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

| | | | |
|---|---|------------------|-------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Lissa Oros Cadence Design Systems, Inc. | | |
| Address | 2655 Seely Avenue, Building 5 | | |
| City | San Jose | State | CA |
| Country | U.S.A. | | |
| Telephone | (408) 943-1234 | Email | loros@cadence.com |
| Signature |  | | |
| Name | Norman R. Klivans | Registration No. | 33,003 |
| Date | February 13, 2008 | Telephone No. | (650) 813-5850 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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